20022

SOS APA Form 001

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

Δ	n	N	11	N	15	TR	Δ	TI	V	F	P	R	0	C	FF	11	IR	FS	h	10	TI	CF	FII	LING	3
	111	ıv			10		$\boldsymbol{\sigma}$		v	_		١,	v	•	ь.	•	<i>,</i> , , ,			\mathbf{v}		V-		-11 A F	J

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-6698						
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201					
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE SEP 0 4 2013	2: Outpatient Services, R							

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule: 2.3.B: Emergency Room Outpatient Visits – deleted "non-emergent visits" to correspond with SPA 2012-009 Ambulatory Payment Classification (APC) and to clarify language regarding an emergency department visit that results in an inpatient hospital admission to correspond to SPA 2012-008. Rule: 2.4.D.2: Updated language to include Electronic Health Record documentation. Rule: 2.4.E: Outpatient (23 hour) Observation Services – clarified language regarding outpatient observation that results in an inpatient hospital admission to correspond to SPA 2012-008.

Specific legal authority authorizing the promulgation of rule: MS Code §§ 43-13-117, 43-13-121. According to MS Code, Ann. § 25-43-1.103 subparagraph (4) the effective date will revert to the effective date of SPA 2012-008 and SPA 2012-009.

List all rules repealed, amended, or suspended by the proposed rule: Part 202, Rules 2.3.B., 2.4. D.2., 2.4.E. ORAL PROCEEDING: An oral proceeding is scheduled for this rule on Time: Place: Presently, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filling of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filling agency. **ECONOMIC IMPACT STATEMENT:** Economic impact statement not required for this rule. Concise summary of economic impact statement attached. **TEMPORARY RULES** PROPOSED ACTION ON RULES **FINAL ACTION ON RULES** Original filing Action proposed: Date Proposed Rule Filed: ___ Renewal of effectiveness New rule(s) Action taken: To be in effect in ____ days Amendment to existing rule(s) Adopted with no changes in text Effective date: Repeal of existing rule(s) Adopted with changes Immediately upon filing Adoption by reference Adopted by reference Other (specify): Proposed final effective date: Withdrawn 30 days after filing Repeal adopted as proposed X Other (specify): Effective date: 30 days after filing NOV 0 1 2013 Other (specify): Printed name and Title of person authorized to file rules: Davidy. Dzielak, Ph.D. Executive Director Signature of person authorized to file rules: DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP



Accepted for filing by

5 5

Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

20022